

DA CHILD / SPOUSE ABUSE INCIDENT REPORT

PRIVACY ACT STATEMENT

AUTHORITY: DoD Directive 6400.1, "Family Advocacy Program"

PRINCIPAL PURPOSE: To identify and record information on incidents of child and spouse abuse and provide protection and medical treatment to military members and their families.

ROUTINE USES: Service Managers use the data to identify incidence and prevalence rates and trends, track involved families, justify resource allocation and review and control providers of care.

DISCLOSURE: Voluntary; however, failure to provide information may delay the provision of appropriate services to the individual.

SECTION I - ADMINISTRATIVE DATA

1a. Case number (YYYYNNNN)	b. Sequence (A-Z)	2. Installation/MTF Code	3. Date Incident Reported (YYYYMMDD)				
4. Type of Victim <input type="checkbox"/> a. Child <input type="checkbox"/> b. Spouse		5a. Fatality 5b. Previously Known to the Central Registry Off: <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No Vict: <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		6. Number of 2nd Offenders			
7. Initial Referral to Family Advocacy. a. Source (x one) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> 1. Military <input type="checkbox"/> (a) Law Enforcement <input type="checkbox"/> (b) Medical/Dental <input type="checkbox"/> (c) Family Center <input type="checkbox"/> (d) Child Care/School <input type="checkbox"/> (e) Command <input type="checkbox"/> (f) Chaplain <input type="checkbox"/> (g) Other </td> <td style="width: 33%; vertical-align: top;"> 2. Civilian <input type="checkbox"/> (a) Law Enforcement <input type="checkbox"/> (b) Medical/Dental <input type="checkbox"/> (c) Social Services <input type="checkbox"/> (d) Child Care/School <input type="checkbox"/> (e) Clergy <input type="checkbox"/> (f) Other </td> <td style="width: 33%; vertical-align: top;"> 3. Other <input type="checkbox"/> (a) Neighbor/Friend/Relative <input type="checkbox"/> (b) Self-Referral, Victim <input type="checkbox"/> (c) Self-Referral, Offender <input type="checkbox"/> (d) Defense Logistics Agency <input type="checkbox"/> (e) National Security Agency <input type="checkbox"/> (f) US Army Recruiting Command <input type="checkbox"/> (g) Other </td> </tr> </table>					1. Military <input type="checkbox"/> (a) Law Enforcement <input type="checkbox"/> (b) Medical/Dental <input type="checkbox"/> (c) Family Center <input type="checkbox"/> (d) Child Care/School <input type="checkbox"/> (e) Command <input type="checkbox"/> (f) Chaplain <input type="checkbox"/> (g) Other	2. Civilian <input type="checkbox"/> (a) Law Enforcement <input type="checkbox"/> (b) Medical/Dental <input type="checkbox"/> (c) Social Services <input type="checkbox"/> (d) Child Care/School <input type="checkbox"/> (e) Clergy <input type="checkbox"/> (f) Other	3. Other <input type="checkbox"/> (a) Neighbor/Friend/Relative <input type="checkbox"/> (b) Self-Referral, Victim <input type="checkbox"/> (c) Self-Referral, Offender <input type="checkbox"/> (d) Defense Logistics Agency <input type="checkbox"/> (e) National Security Agency <input type="checkbox"/> (f) US Army Recruiting Command <input type="checkbox"/> (g) Other
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b. Type of Maltreatment Initially Reported (x all that apply) <div style="display: flex; justify-content: space-between;"> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Emotional <input type="checkbox"/> Neglect <input type="checkbox"/> </div>							
8. Relationship of Alleged Offender to Victim (Complete EITHER a or b) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> a. IntraFamilial (x one) <input type="checkbox"/> (1) Parent (Natural, Step, etc) <input type="checkbox"/> (2) Spouse <input type="checkbox"/> (3) Sibling <input type="checkbox"/> (4) Other Family Member </td> <td style="width: 50%; vertical-align: top;"> b. ExtraFamilial (x one) <input type="checkbox"/> (1) ExtraFamilial Caregiver <input type="checkbox"/> (a) Military Child Care Center Personnel <input type="checkbox"/> (b) Military Family Child Care Personnel <input type="checkbox"/> (c) Military Youth Program Personnel <input type="checkbox"/> (d) DoD Teacher/Other DoD School Personnel <input type="checkbox"/> (e) Other DoD Caregiver <input type="checkbox"/> (2) Relationship Unknown </td> </tr> </table>					a. IntraFamilial (x one) <input type="checkbox"/> (1) Parent (Natural, Step, etc) <input type="checkbox"/> (2) Spouse <input type="checkbox"/> (3) Sibling <input type="checkbox"/> (4) Other Family Member	b. ExtraFamilial (x one) <input type="checkbox"/> (1) ExtraFamilial Caregiver <input type="checkbox"/> (a) Military Child Care Center Personnel <input type="checkbox"/> (b) Military Family Child Care Personnel <input type="checkbox"/> (c) Military Youth Program Personnel <input type="checkbox"/> (d) DoD Teacher/Other DoD School Personnel <input type="checkbox"/> (e) Other DoD Caregiver <input type="checkbox"/> (2) Relationship Unknown	
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9. Incident Chronology. (Enter CRC Date and Either 'a, c and d' or 'b, c, and d') CRC DATE _____ (YYYYMMDD) <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;"> a. UNSUBSTANTIATED <input type="checkbox"/> (1) Did Not Occur <input type="checkbox"/> (2) Unresolved (x all that apply) b. SUBSTANTIATED (1) Incident <input type="checkbox"/> (a) Initial <input type="checkbox"/> (b) Subsequent Incident <input type="checkbox"/> (c) Reopen (2) Transfer In <input type="checkbox"/> (a) From MTF: _____ (3) Closure <input type="checkbox"/> (a) Intervention/Treatment No Longer Needed <input type="checkbox"/> (b) Maltreatment Reduced or No Longer Present <input type="checkbox"/> (c) Sponsor and/or Family Members No Longer Eligible for Care <input type="checkbox"/> (d) Victim Died <input type="checkbox"/> (e) Victim/Offender Refused Treatment <input type="checkbox"/> (f) Transfer Out - MTF trf to: _____ </div> <div style="width: 35%;"> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Emotional <input type="checkbox"/> Neglect <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> c. INVESTIGATIONS <input type="checkbox"/> (1) Child Protective Services <input type="checkbox"/> (2) Military Law Enforcement <input type="checkbox"/> (3) Civilian Law Enforcement <input type="checkbox"/> (4) SWS (Overseas) <input type="checkbox"/> (5) None </div> <div style="width: 45%;"> d. VICTIM PROTECTIVE ACTIONS <input type="checkbox"/> (1) Child Removed for Substitute Care <input type="checkbox"/> (2) Spouse Sheltered <input type="checkbox"/> (3) Offender Removed from Home <input type="checkbox"/> (4) Offender Removed from Activity <input type="checkbox"/> (5) Other Safety Actions <input type="checkbox"/> (6) None </div> </div>							
IF UNSUBSTANTIATED STOP!! GO NO FURTHER STOP!!							

SECTION II - SPONSOR INFORMATION				CASE NUMBER:		?		
10. SSAN		11. Name (Last, First, MI)			12. Sponsor Role <input type="checkbox"/> a. Alleged Offender <input type="checkbox"/> b. Victim <input type="checkbox"/> c. Neither			
13. Branch of Service <input type="checkbox"/> a. Army <input type="checkbox"/> b. Navy <input type="checkbox"/> c. Air Force <input type="checkbox"/> d. Marine Corps <input type="checkbox"/> e. Coast Guard <input type="checkbox"/> f. US Public Health Service <input type="checkbox"/> g. Nat'l Oceanic Atmos Admin (NOAA) <input type="checkbox"/> h. Retiree (any Uniformed Service) <input type="checkbox"/> i. Federal Civil Servant <input type="checkbox"/> j. Civilian (incl Govt Contr OCONUS)					14. Component <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Reserve <input type="checkbox"/> c. Guard		15. Pay Grade	
SECTION III - VICTIM INFORMATION								
16. FMP	17. SSAN		18. Name (Last, First, MI)			19. DoB	20. Sex <input type="checkbox"/> a. Male <input type="checkbox"/> b. Female	
21. Race/Ethnicity <input type="checkbox"/> a. White (Not Hispanic) <input type="checkbox"/> b. Black (Not Hispanic) <input type="checkbox"/> c. Hispanic <input type="checkbox"/> d. Asian/Pacific Islander <input type="checkbox"/> e. American Indian/Alaskan Native			22. Alcohol Involvement <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No <input type="checkbox"/> c. Unknown	23. Drug Involvement <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No <input type="checkbox"/> c. Unknown	24. Disability <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No <input type="checkbox"/> c. Unknown			
25. Clinical Intervention Provided by (X all that apply) <input type="checkbox"/> a. FAP Personnel <input type="checkbox"/> b. Other DoD Program <input type="checkbox"/> c. Non-DoD Program <input type="checkbox"/> d. No Treatment Provided						26. Incident Occurred <input type="checkbox"/> a. On Installation <input type="checkbox"/> b. Off Installation		
SECTION IV - ALLEGED OFFENDER INFORMATION								
27. SSAN		28. Name (Last, First, MI)			29. DoB		30. Sex <input type="checkbox"/> a. Male <input type="checkbox"/> b. Female	
31. Race/Ethnicity <input type="checkbox"/> a. White (Not Hispanic) <input type="checkbox"/> b. Black (Not Hispanic) <input type="checkbox"/> c. Hispanic <input type="checkbox"/> d. Asian/Pacific Islander <input type="checkbox"/> e. American Indian/Alaskan Native			32. Alcohol Involvement <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No <input type="checkbox"/> c. Unknown		33. Drug Involvement <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No <input type="checkbox"/> c. Unknown			
34. Branch of Service <input type="checkbox"/> a. Army <input type="checkbox"/> b. Navy <input type="checkbox"/> c. Air Force <input type="checkbox"/> d. Marine Corps <input type="checkbox"/> e. Coast Guard <input type="checkbox"/> f. US Public Health Service <input type="checkbox"/> g. Nat'l Oceanic Atmos Admin (NOAA) <input type="checkbox"/> h. Retiree (any Uniformed Service) <input type="checkbox"/> i. Federal Civil Servant <input type="checkbox"/> j. Civilian (incl Govt Contr OCONUS)					35. Component <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Reserve <input type="checkbox"/> c. Guard		36. Pay Grade	
37. Marital Status <input type="checkbox"/> a. Single (Never Married) <input type="checkbox"/> b. Married <input type="checkbox"/> c. Divorced <input type="checkbox"/> d. Widowed <input type="checkbox"/> Dual Military				38. Clinical Intervention Provided by (X all that apply) <input type="checkbox"/> a. FAP Personnel <input type="checkbox"/> b. Other DoD Program <input type="checkbox"/> c. Non-DoD Program <input type="checkbox"/> d. No Treatment Provided				
39. Type/Severity of Maltreatment (Enter the corresponding severity code for each type of maltreatment alleged in the incident) 1=Mild, 2= Moderate, 3=Severe					Physical	Sexual	Emotional	Neglect
40. Relationship of Offender to Victim (Complete EITHER a or b) a. IntraFamilial (x one) <input type="checkbox"/> (1) Parent (Natural, Step, etc) <input type="checkbox"/> (2) Spouse <input type="checkbox"/> (3) Sibling <input type="checkbox"/> (4) Other Family Member					b. ExtraFamilial (x one) <input type="checkbox"/> (1) ExtraFamilial Caregiver <input type="checkbox"/> (a) Military Child Care Center Personnel <input type="checkbox"/> (b) Military Family Child Care Personnel <input type="checkbox"/> (c) Military Youth Program Personnel <input type="checkbox"/> (d) DoD Teacher/Other DoD School Personnel <input type="checkbox"/> (e) Other DoD Caregiver <input type="checkbox"/> (2) Relationship Unknown			
AUTHENTICATING OFFICIAL								
a. NAME and Title of CRC Chairperson (Please Print)				b. SIGNATURE			c. DATE SIGNED	